STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315087	A. BUILDING **01** B. WING _____	**06/07/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT KING JAMES	**1040 ROUTE 36** **ATLANTIC HIGHLANDS, NJ 07716**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms	K 321		6/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/21/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 321	Continued From page 1 b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/4/19, it was determined that the facility failed to ensure that rooms over 50 square feet, and that are used to store combustible supplies had doors that were capable to automatically close. This deficient practice was evidenced by the following: During a tour of the building with the facility's Maintenance Director and Regional Plant Operations Director, the surveyor observed the Medical office at station 3 had over 20 large filled combustible cardboard boxes, a large volume of paper files were being stored in an open area of the office. The surveyor noted that the room measured is greater than 50 square feet and the door was not equipped with a self-closure to force the door to automatically close upon being opened. On 6/4/19 at 11:55 a.m., an interview was conducted with the facility's Maintenance Director and the Regional Plant Operations Director who stated and acknowledged that the Medical Records office that is greater that 50 square feet, should have an auto closing device installed on the door to force the door to automatically close.	K 321	#1- The automatic closing device was immediately installed to door in question #2- All residents have the potential to be affected by deficient practice. This plan off correction applies to all future and current residents #3- To ensure the deficient practice does not recur, the facility will conduct weekly Maintenance rounds and check all storage areas over 50 sq. ft. and use combustible supplies have automatic door closures. Weekly checks will be logged on Maintenance log sheets. Additionally staff were in-services #4 To monitor corrective action, the weekly maintenance logs will be review by Maintenance Director for 4 weeks. #5 The results of weekly audits will be presented to centers QAPI team at quarterly meeting	

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K 321	Continued From page 2 NJAC 8:39-31.2(e)	K 321		